



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90101 032 ***150.00

DOCUMENT # P01000036364 1. Entity Name BRIAN WATKINS ENTERPRISES, INC.					
Principal Place of Business RT 3 BOX 1365 MADISON, FL 32340				Mailing Address RT 3 BOX 1365 MADISON, FL 32340	
2. Principal Place of Business 8061 N. SR 53 Suite, Apt. #, etc.		3. Mailing Address 8061 N. SR 53 Suite, Apt. #, etc.			
City & State Madison, FL		City & State Madison, FL		01202004 Chg-P CR2E034 (10/03)	
Zip 32340		Country Madison		4. FEI Number 31-1766226	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WATKINS, BRIAN K RT 3 BOX 1365 MADISON, FL 32340				7. Name and Address of New Registered Agent Name Watkins, Brian K Street Address (P.O. Box Number is Not Acceptable) 8061 N. SR 53 City Madison FL Zip Code 32340	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Brian Watkins DATE 1-19-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, BRIAN K RT 3 BOX 1365 MADISON, FL 32340 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Watkins, Brian K 8061 N. SR 53 Madison, FL 32340 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WATKINS, ALISON K RT 3 BOX 1365 MADISON, FL 32340 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WATKINS, ALISON K 8061 N. SR 53 Madison, FL 32340 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Brian K Watkins Brian Watkins 1-19-04 850-929-4325 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					